TRANSACTIONS OF SOCIETIES.

Art. XIX.—*Summary of the Proceedings of the Pathological Society of Philadelphia.*

1866. *Jan. 10th. Vesical Calculus.*—Dr. William Pepper presented the specimen and made the following remarks in connection with the case from which it was derived :—

William F. Williams, æt. 21, was admitted to surgical ward of the Penn. Hospital on December 4, 1865, to undergo an operation for relief of a vesical calculus. He was a native of Fredericksburg, Virginia, a locality where calculous disease appears to be of moderate frequency, and has suffered from the symptoms of vesical calculus for 17 years, or since the age of 4 years. He has been frequently sounded in past years, and the presence of a stone clearly made out ; but his parents have never been willing to have him undergo lithotomy. All of the rational symptoms usual in cases of calculus have existed here, as frequent micturition, vesical irritation referred to the end of the penis, sudden interruptions of the stream of urine, urine fetid and frequently alkaline, retraction of testicles, &c. His general health has suffered at times considerably for years past ; but during the last six months the symptoms have been growing more threatening ; he has lost flesh and strength, and although able to be about, has fallen into a condition of profound mental depression, with, probably, impairment of his intellectual faculties. He has been compelled to urinate nearly every ten minutes, day and night, and for hours would sit holding his penis with both hands, bewailing his sufferings. On admission it was determined to operate speedily for his relief. An examination of the urine showed it to be highly alkaline, containing a small amount of albumen, and depositing abundantly urate of soda with crystals of triple phosphate, considerable amount of granular matter, and a moderate number of pus corpuscles. There was tenderness on pressure over the bladder, and the penis was greatly hypertrophied from constant irritation, but there were no symptoms which did not seem fairly explicable by such long-standing cystic disease. He was sounded on Wednesday, Dec. 6th, and the existence of a calculus confirmed, and on Saturday, Dec. 10th, Dr. Morton performed the usual operation of lateral lithotomy on the left side. The stone, which was of the size of a pigeon's egg and weighed ʒv, was successfully removed, without any notable hemorrhage.

Within 24 hours after the operation the patient had a chill of moderate severity, followed by a marked hot stage and a slight sweat. Sunday night, 36 hours after operation, he had a second, and a very slight one again early on Monday morning. The wound in the perineum looked very healthy, the urine passing through it freely, and in the intervals between the chills he seemed so well that it was hoped they might proceed from malaria, and he was consequently ordered anti-periodic doses of quiniæ sulph. with moderate diet and a febrifuge mixture. On Monday, as his bowels had not been opened for several days, an enema was administered which provoked two discharges, but was followed by slight hemorrhage from the wound. The chills were not repeated, but on Tuesday he complained severely of pain in the region of bladder, increased by pressure. There was decided tympany, but no marked tenderness over upper part of abdomen; nor were the general symptoms those of peritonitis, as the pulse was but 82, the surface inclining to be cool and relaxed, the tongue only moderately dry, and the face, though haggard, not anxious and pinched. The urine could not be collected as it dribbled through the perineal wound, but the total quantity did not seem very deficient. There was a tumour easily detectable by pressure over the pubis, which seemed to be the bladder distended; but as very little urine escaped upon introducing a catheter either through the urethra or perineum, it was attributed to suppuration in or around the walls of the bladder. The abdomen was leeched, and subsequently protected by a warm poultice, and a moderate amount of stimulus given.

On Wednesday morning symptoms of uræmia began to be developed, occasional wandering delirium with attempts to get out of bed, pulse more slow, although much weaker, surface cool, pupils moderately dilated and sluggish, occasional hiccough and vomiting. By noon on the day following, he was in a state of almost complete uræmic coma, although when pressure was made over bladder he would groan and move uneasily. He lingered in this state until 4 P. M. of Friday Dec. 16th, six days after operation, the radial and tibial pulsations being imperceptible for some hours before heart ceased to act.

Post-mortem three hours after death.—Abdominal viscera alone could be examined. Upon cutting through the abdominal walls, quite a large collection of thick yellow pus was found overlying the bladder, in part in the subperitoneal connective tissue of the abdominal wall, and in part in the connective tissue surrounding neck of bladder and lower part of the rectum. In the pelvic fascia the pus was so mixed with blood as to be grumous and sanious. The bladder was enlarged, its external surface rough from the adhering bands of thickened, tough connective tissue. Its walls were very greatly thickened, in some parts measuring three-quarters of an inch, so that the cavity was rather contracted, and in addition was encroached upon by the ruga of the mucous membrane which were thick and very deep. The mucous membrane was coated with a yellowish-gray, or in places greenish-gray, rather friable pseudo-membranous deposit, containing, in all probability, considerable amount of the urinary salts. The prostate gland was incised in an oblique direction, from above downwards and from right to left; the line of incision made a very obtuse angle, each branch being rather less than three-quarters of an inch in length. Upon dissecting out the kidneys and ureters, they were found to present very marked differences. The right kidney was of about the ordinary size, 4½ inches in length by 3 in breadth; its capsule was thickened in places, in others much thinned, and in one point perforated by an abscess which had discharged itself thus externally, infiltrating the loose fat and connective tissue with a sanious pus. The external surface of the kidney was irregular and much discoloured, and upon palpating any of the discoloured points, a distinct sense of fluctuation was obtained. Upon laying the kidney open, extensive suppuration was found to have taken place in the secreting structure of the organ. The greater part of the calyces and infundibula were destroyed with the renal structure adjacent, and then, radiating from this large abscess, there were a number of smaller ones, involving especially the cones, and extending to the capsule of the kidney, so that with the exception of small patches of cortical structure separating these abscesses, the entire secreting structure of the organ had disappeared. These abscesses were generally round, had smooth walls, but were not lined with any distinct fibrous wall. Toward the pelvis of the kidney the parts were coated with a layer somewhat similar to that lining the bladder. The structure about the pelvis could hardly be recognized as renal by microscopic examination, consisting of a great amount of granular debris, with occasional fibrous bands, and in but very few points could the disintegrated remains of renal tubules be recognized. The field was so much cleared up by addition of acetic acid, that the tissues were probably incrusted with the urinary salts.

The cells of the most healthy parts, the remaining cortical structure, were large and granular, and the Malpighian bodies opaque and also granular. Some of the tubules were large, with their epithelium apparently loose; whilst others were narrower, with smaller and more compact cells; there were great numbers of free cells and free nuclei, with much granular matter, no marked increase of fibrous tissue and very little oil, and a few pigment granules. It seemed probable, from several examinations, that among the tubes which were largest, and whose epithelial cells were large, swollen, opaque, and granular, and either lying loose in the tube or with interspaces between each other on the tubular membrane, there was a marked tendency to be fragmentary and to have much granular matter mixed with them.

The *right* ureter was much dilated, so that about three inches below kidney its circumference was more than 1½ inch; its wall was also much thickened, and upon its inner surface, roughened and discoloured from effects of long-standing inflammation. A microscopic examination of the fluid contained in this ureter showed very numerous blood corpuscles, pus cells, a little black pigment, crystals of the triple phosphate, numerous granular epithelial cells from ureter, and a few bodies resembling fragments of granular tube-casts. There was no calculus, even of minute size, either in kidney or ureter.

In striking contrast to this almost disorganized gland, we find the *left* kidney presenting us with an equally remarkable *increase* of secreting tissue. Its long diameter measured seven inches, its transverse 3½ inches. The capsule was smooth and apparently healthy, excepting in two places where it was separated from the kidney by a thin layer of pus, the result of superficial ulceration of the cortical structure. Upon making a section of the kidney the hypertrophy was found to affect all portions of its structure, the fibrous tissue of the pelvis, infundibula, and calyces, as well as the cones and cortical portion. Its colour was somewhat lighter than normal, as if anæmic; its consistence was healthy, excepting in one place, near the upper extremity of the organ where to about the depth of three-quarters of an inch the tissue was harder and more yellowish than in other parts. Its ureter showed no sign of inflammation and was but moderately enlarged, its circumference not being one-third that of the right ureter; for about 1½ inch from bladder, however, it was more dilated than above, but at that distance there was so marked a contraction of the calibre, produced by a fold of membrane, that a match could scarcely be passed through. Microscopic examination of the left kidney showed the renal cells to be very large and somewhat granular, but with clear nuclei; the tubules also large and slightly cloudy, one of them from the cortical portion measured

$\frac{1}{210}$ of an inch in width; the Malpighian bodies were also much larger than normal. Very little oil was seen.

There were no signs of peritonitis in any portion of the abdomen. The abdominal viscera appeared healthy, with exception of the spleen, which was about thrice the normal size, quite firm, and contained ordinary elements, with a little granular pigment.

Tumours of the Larynx.—Dr. HARLAN read the following report in reference to the case communicated by Dr Ellis, November 22d, last:—With the exception of a few records of isolated cases, scarcely any attention seems to have been given to morbid growths in the larynx, until a case of successful extirpation by means of laryngotomy by Professor Ehrmann, of Strasburg, made a good deal of stir in the medical world, and the subsequent publication of his monograph (*Histoire des polypes du larynx*) in 1850, gave the subject a permanent and important place in medical literature. This work, which is a large folio with fine plates, gives descriptions of some thirty cases, and may be considered as containing all that was worthy of record in connection with the subject up to the date of its publication.

Horace Green, of New York, in his book on *Polypi of the Larynx, and Œdema of the Glottis*, published in 1852, says: "We have now collected all, or nearly all, the well-authenticated histories of this disease, and the entire number amounts to some thirty-nine or forty cases only; of these, seven or eight have been observed in our own country." In the following year, Dr. Gurdon Buck (*Transactions of the American Medical Association*) collected forty-two cases in tabular form. Dr. Green, in speaking of new formations in the larynx as a rare disease, says: "So, at least, it has been considered, and yet the author does not hesitate to express the opinion, and leave it to future experience to confirm or invalidate that foreign growths have occurred in the opening of the air passages, in many instances, when their presence was neither suspected nor discovered; and that if the attention of the profession should by any means be directed to this subject, it will be found that the existence of polypus and other excrescences in these passages is an occurrence taking place much more frequently than has been supposed by medical practitioners." The attention of the profession has since been directed to the subject by means of the laryngoscope and the more active and general interest in diseases of the throat, and the above opinion has been most amply confirmed.

Czermak, in some "Observations on Tumours of the Larynx" (*Med. Times and Gazette*, June 7, 1862), says: "Three years ago I published the first diagnosis of laryngeal polypus made by means of the laryngeal mirror, and since then I have so often made similar laryngoscopical discoveries, that in my pamphlet on the laryngeal mirror, I was able to enunciate the proposition that such pathological alteration occurs much more frequently than has been hitherto believed. With the rapidly spreading use, however, of the laryngeal mirror, the cases of new formations in the larynx multiplied to such a degree that some of the leading authorities 'could not repress a fear that laryngoscopy at present overrates the frequency of new formations in the larynx, and describes every swelling that exists there as a new formation.' * * * * Though unable to answer for the assertions of other observers, who have confirmed the facts I have pointed out, though not wishing to deny the possibility of errors by hasty and insufficient examinations, and in spite of the contradiction in which my above-quoted proposition finds itself with the previous experience of surgeons and pathological ana-